(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 17 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Mary Kaysen		DEPARTMENT OF S
II. Name of lobbyist's p. Bristol-Myers Sq	artnership, firm or corporation, if a uibb Company	nny:	
(Name o	of partnership, firm or corporation)		
118 Valley Street	Beverly Farms	MA	01915
Business Address: (Street) (Town/City)	(State)	(Zip Code)
(978)232-1147	(978) 232-1148	e-mail mary.l	kaysen@bms.com
(Telephone)	(Fax)	
reportable expense tran	rs: (Choose one – file separate repo sactions which are not attributable	to any one client).	
All reportable transac	tions occurring in the months prior to	the reporting date relative to t	the following client:
Bristol-Myers Squi	bb Company		
OR (F	full Name of Client as it appears on the Lo	obbyist Registration Form)	
	ions by the lobbyist (including the lob r client.	obyist's family), or the lobbyir	ng firm listed below which are
	April 25, 2018 From date of registration to 3/31/18	July 25, 2018 🔀 activity from 4/1/18 to 6/30/1	8
	October 31, 2018 ivity from 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/3	1/18
V. There have been no If this box is checked, con Concord, NH 03301.	o fees received and no reportable applete just this form and submit it to the	e transactions made since the Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional r	eports are attached:		
	fees or made expenditures, you must f	ile Addendum A- Fees and E	Expenses
☐ If you have paid an he Expense Reimbursement	onorarium or reimbursed expenses, yo	ou must file Addendum B - Ro	eport of Honorariums or
If you, your firm, or y	our family has made political contrib	utions, you must file Addend	um C- Political Contributions
and complete to the best o	15-B, RSA 14-C and RSA 664 and h if my knowledge and belief.		foregoing information is true
Mary Kar (Signature of lobbyist)	/sec	7/13 (18) (Da	ute)
Mary Kaysen		(50	···- <i>,</i>

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Mary Kaysen				
II. Name of lobbyist's partnership, firm or corporation, if any: Bristol-Myers Squibb Company				
(Name of partnership, firm or corporation)				
III. Name of Client Bristol-Myers Squibb Company	Date July 12, 2018			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:	relations, or public relations service			
a) Total of all fees received in this reporting period	a) \$			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 400 ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of a let meals purchased during a business st than \$10 that is given to the persord with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the trans \$25, but not greater than \$50, expense reimbursement, or political			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lo period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Man Kay Sur (Signature of lobbyist)	7/13/18
	(Date)
Mary Kaysen (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa Bristol-Myers Squ	artnership, firm or cor uibb Company	poration, if any:	
· · · · · · · · · · · · · · · · · · ·	partnership, firm or corporation)		
III. Name of Client Bris	tol-Myers Squibb Con	npany	Date July 12, 2018
Political Contributions For each political contributions client/lobbyist and lobby			nter 664 paid on behalf of the
Full name of candidate:		House Republicans	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	1000	Office Candidate is	House s Seeking
Full name of candidate:	Senate Republican	Majority PAC	
Full name of candidate:	Senate Republican	Majority PAC (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _	(Last Name)		,
Amount of contribution \$ _ If the contribution is an in-	(Last Name) 1000 kind contribution, provide ontribution on the line above	(First Name) Office Candidate is a description of the good	,

		····	
(If more than three or	ontributions were made, report ad	ditional contributions on sep	arate addendum C forms.)
Sworn Statemen	nt/Affirmation by Lobbyis	t	
	15, RSA 15-B and RSA 664 lete to the best of my knowle		affirm that the foregoing information
γ_{α} Y			7/12/10